

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39276  
STATE FILE NUMBER  
Registrar's No. 1342

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2824 South 19th St.		d. STREET ADDRESS (If outside, give location) 2824 South 19th St.,	
3. NAME OF DECEASED (Type or print) First Middle Last Ralph R. Jackson		4. DATE OF DEATH Month Day Year Dec. 4 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 23, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) Holt Co., Missouri
13a. FATHER'S NAME William J. Jackson		13b. MOTHER'S MAIDEN NAME Loella J. Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 491-28-2827	
17. INFORMANT Mrs. G.S. Barnes, St. Joseph, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastrointestinal hemorrhage DUE TO (b) Duodenal ulcer - Signed as an unattended death in the city of St. Joseph Mo DUE TO (c) Death in the city of St. Joseph Mo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5410			INTERVAL BETWEEN ONSET AND DEATH ? Unknown 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-4-57 to 12-6-57 and saw her alive on 12-6-57 Death occurred at 12:01 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard L. Mayhew M.D. Resident City Health Officer		22b. ADDRESS Phys & Surg Bldg 216, St. Joseph	
22c. DATE SIGNED 12-6-57		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 6, 1957	
23c. NAME OF CEMETERY OR CREMATORY Tarkio Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Fortescue, Missouri.	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Dec. 10, 1957	
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4679.....

P. O. Address St. Joseph, Mo....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. :

If this body is not embalmed, fact should be so stated above.